

4.0979

# CALIFORNIA'S HEALTH

STATE DEPARTMENT OF PUBLIC HEALTH  
ESTABLISHED APRIL 15, 1870

PUBLISHED SEMI-MONTHLY

ENTERED AS SECOND-CLASS MATTER FEB. 21, 1922, AT THE POST OFFICE AT SACRAMENTO, CALIFORNIA, UNDER THE ACT OF AUG. 24, 1912. ACCEPTANCE FOR MAILING AT THE SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCT. 3, 1917

SACRAMENTO (14), 631 J STREET, 2-4711

SAN FRANCISCO (2), 666 PHELAN BLDG., 760 MARKET ST. UN 1-8700

LOS ANGELES (12), STATE OFFICE BLDG., 217 W. FIRST ST., MA 1271

VOLUME 6, NUMBER 1

JULY 15, 1948

WILTON L. HALVERSON, M.D.  
DIRECTOR OF PUBLIC HEALTH

## STATE BOARD OF PUBLIC HEALTH

DR. CHARLES E. SMITH, President  
San Francisco

DR. SANFORD M. MOOSE  
San Francisco

DR. JAMES F. RINEHART, Vice President  
San Francisco

DR. ERROL R. KING  
Riverside

DR. ELMER BELT  
Los Angeles

DR. SAMUEL J. McCLENDON  
San Diego

DR. HARRY E. HENDERSON  
Santa Barbara

DR. WILTON L. HALVERSON,  
Executive Officer  
San Francisco

ANN WILSON HAYNES, Editor  
JEROME GROSSMAN, Assistant

## The "How" and "What" of Health Councils

A promising answer to the questions of how community health programs and planning can best be coordinated and how all resources can be effectively mobilized to improve community health is a properly organized and functioning health council.

The health council is coming increasingly to the attention of professional and lay people throughout the State and Nation. In the past year alone, at least five councils were formed in California. A number of councils have been in existence for some time and others are in the process of being organized.

The health council movement, if it may be called such, is being given impetus by the National Health Council which is now seeking to stimulate the organization of local units throughout the country. The National Health Council itself, is a nonprofit organization created by a number of national health agencies to develop ways and means by which their various programs can be made more effective instruments for improving the health of the public.

As a guide to communities in which there is interest in the formation of health councils, there is reprinted below a statement adopted by the National Health Council in October, 1944.\*

### PRINCIPLES ESSENTIAL FOR THE EFFECTIVE ORGANIZATION AND FUNCTIONING OF A HEALTH COUNCIL

#### Purpose

The purpose of a health council is to coordinate health activities and community health planning.

\* A recent publication of the N. H. C. "Stepping Stones to a Health Council" further amplified this statement. The booklet may be obtained from local health departments or directly from the Council, 1790 Broadway, New York City.

#### Representation

A health council must be thoroughly representative of the recognized health forces of the community. It should have among its members, lay people and representatives of the official health agency or agencies, of organized medicine, of organized dentistry and of organized nursing, as well as representatives of the unofficial agencies interested primarily in public health work. It should be without limitation as to race or creed. Liaison with recreational and welfare organizations is essential.

#### Function

A health council is essentially a conference and coordinating body.

A health council shall promote the efficient operation of public health work through the coordination of the health activities within the area—local community, state or nation—by means of the elimination of duplication of effort and by the stimulation of new and needed services.

A health council should aid in developing public opinion with respect to public health needs, programs, and legislation.

A health council may render common services in such fields as statistics and research and health education.

It should not render direct services except for such demonstration purposes as may meet with the approval of the local health agencies and should avoid competition with its member agencies.

#### Organization

The form of organization and operation of a local health council will vary in details, depending upon

local conditions. In larger communities the health council will need a full time staff and a budget. In smaller communities the health council may utilize such part time service of other staffs as may be available, for example, the services of members of the staff of a council of social agencies, health department, medical society, or other agency.

#### **Principles**

In small communities having only a few health activities, such as, for example, health department, school health program, medical society, visiting nurse association, tuberculosis association, and possibly others, there is need for coordination of health activities as well as in the larger cities. The health council in these smaller communities may utilize such staff resources as may be available from any acceptable source. Some executive service, however, is essential to the most effective health council program.

In any community the secretary of the health council should have qualifications appropriate to the field.

The selection and appointment of the executive should be the responsibility of the health council with the cooperation of the other local agencies involved.

A health council, to function effectively, should have full scope to determine its own policies consistent with accepted public health principles. Its organic relationship with the council of social agencies may vary in different communities, but the health council should work in cooperation and harmony with both the council of social agencies and the chest or fund.

Under proper leadership a rural community (possibly the county) may establish a health council or health committee in accordance with the general principles herein set forth even though neither paid executive service nor operating budget is available.

#### **Brochure on Community Organization**

An informative report of over 5,000 community organization programs throughout the United States may be obtained for 25 cents from the National Conference on the Community, John W. Herring, Secretary, Nassau, New York.

The mimeographed brochure, entitled "*Community Building in America*," was prepared in connection with a meeting of the conference which was held last fall at West Point, New York.

In addition to presenting results of a survey of selected programs, the report outlines the present types of community organizations and summarizes their functions.

#### **Crippled Children's Society Offers Scholarships for Study**

Scholarships for special study in cerebral palsy are offered to physicians, therapists and educators by the National Society for Crippled Children and Adults. Funds in the amount of \$5,000 per year, for six years, have been granted to the national society for this purpose by the Alpha Chi Omega National Sorority. The scholarship plan provides for the training of outstanding persons who will be able to assist member societies of the national society in developing, setting up and operating facilities and centers for the use of all public and private agencies interested in helping cerebral palsied persons. This is one of several steps in a comprehensive scholarship program being undertaken by the national society in helping to relieve the shortage of trained specialists needed to treat the hundreds of thousands of persons afflicted with cerebral palsy.

Under the program, allotments for tuition and maintenance at a recognized training center for a minimum of three months are given to qualified individuals. Grants vary between \$500 and \$1,000. Students are expected to cover their own expenses involved in travel to and from their homes and the center where they will receive their training. The Cerebral Palsy Service of the national society and its Cerebral Palsy Medical Advisory Council will designate those centers which are acceptable and appropriate for the training of various types of specialists under this program.

The following types of professional workers are eligible to receive scholarships:

1. Doctors, including pediatricians, orthopedists, neurologists, and other medical specialists.
2. Therapists, including physical therapists, occupational therapists and speech therapists.
3. Educators, including nursery school teachers, teachers of special education and psychologists.
4. Other needed workers, including nurses, social workers, etc.

Candidates must have completed the required program of training in their own professional fields, and must be fully certified members in good standing of their own professional associations.

For further information address the National Society for Crippled Children and Adults, Inc., 11 S. La Salle St., Chicago 3, Illinois.

The safest minimum distance at which to follow another car is one car-length for each 10 miles of speed, says the National Safety Council. At 30 miles an hour, for example, the safe "following" distance would be three car lengths.

## Board Reviews Two Southern Sewage Disposal Problems

The Santa Monica Bay quarantine was continued without change and a new provisional quarantine authorized to be placed on a portion of Orange County's coastline by the State Board of Public Health at its June meeting.

The Santa Monica quarantine, established five years ago, will continue in effect from Fourteenth Street north of Hermosa Beach pier in Hermosa Beach to Seaside Terrace in Santa Monica.

Sampling of bay waters by State and local health departments for bactericidal count will be done regularly, with further changes in the quarantine dependent upon results of these tests.

Contamination of the bay waters is caused by sewage. During the summer months, however, a chlorination plant goes into operation at Hyperion with a resulting marked reduction in bactericidal content of the shore water.

In its order continuing the quarantine, the Board of Health authorized the State Director of Public Health "to reduce the area of Santa Monica Bay now under quarantine at any time to the extent indicated by the results of continuous sampling."

### ORANGE COUNTY

The second sewage pollution problem considered by the Board concerned contamination of ocean water in the vicinity of the Orange County Joint Outfall.

A survey of Orange County beaches by the State Health Department's Bureau of Sanitary Engineering earlier in the month showed the shore line water for approximately one mile on each side of the ocean outfall to be too contaminated for safe salt water bathing.

To meet the problem, local agencies are adding high dosages of lime to the outfall water. Should tests show that this procedure does not eliminate the danger to public health, the State Director of Public Health is authorized to immediately impose a quarantine extending from 57th Street in Newport Beach to 5,000 feet north of the mouth of the Santa Ana River.

A permanent solution of the problem depends upon the construction of a new treatment plant and outfall in the area. Newly formed Orange County Sanitation Districts are expected to place before the electorate in February a proposed bond issue to provide for construction of these facilities.

Emphasizing the importance of the Santa Ana River problem are two recent cases of typhoid fever which were traced to river water.

In addition to the quarantine action, the Board requested the Bureau of Sanitary Engineering to present to the office of the State Attorney General the evidence relating to the sewage disposal of Santa Ana, Anaheim, Fullerton, Orange, Huntington Beach and Newport Beach for the purpose of proceeding on the suspension or revocation of sewage disposal permits.

## Drinking Straws and the California Restaurant Act

Although they are not specifically mentioned in the California Restaurant Act, it is the interpretation of the California State Department of Public Health that drinking straws are single service utensils and should be:

1. Purchased wrapped (singly or by twos) in clean paper and served to customers in original wrapping; or
2. Purchased in a sanitary bulk container, and dispensed by a device which effectively prevents the contamination of the straws from dust, dirt, insects, or by the customer during removal of straws for his own use.

This interpretation of Section 28630 of the statute was made following many requests for clarification. The section reads as follows:

28630. After washing and bactericidal treatment, utensils shall be handled in such a manner as to prevent contamination. They shall be stored in a clean place, protected from flies, dust and other contamination. Single service utensils shall be purchased only in sanitary containers, shall be stored therein in a clean dry place until used, shall be handled in a sanitary manner, and shall be used only once.

## Three Diseases High

Figures for the first five months of 1948 indicate that measles, chickenpox and mumps are having a "banner year" in California.

The 46,619 cases of measles reported throughout the State by the end of May were 10 times the total on that date in 1947, and double the median figure for the five-year period of 1943-47.

Chickenpox came next with 28,710 cases reported. This was 2,000 more than on May 31, 1947, and the same number above the five-year median.

Mumps attacked nearly 18,000 children and adults, or a full 7,500 cases more than during the comparable period last year and 3,000 above median.

Closing of schools for summer vacation is expected to cut the incidence of these diseases.

## **Two Special Cancer Grants Received From U. S. P. H. S.**

The State Department of Public Health has received two grants from the U. S. Public Health Service to finance special cancer projects.

One fund of \$43,320 will be turned over to the University of California Medical School for a combined research and training program in the cytological smear technique for diagnosing cancer through examination of cellular matter from body secretions and orifices. The project will operate continuously during the present fiscal year.

Originally used with success to diagnose malignant growths in the female genital organs, the comparatively new smear test will be further developed and evaluated by medical school research workers as a means of detecting pulmonary, gastric and genito-urinary cancer in both sexes. At the same time, pathologists and other physicians will be trained to use the new technique, while laboratory technicians will learn to prepare, stain and screen out the required body-cell samples.

A second grant of \$9,275 will be administered cooperatively by the Cancer Commission of the California Medical Association and the State Department of Public Health. The fund will be used to continue the series of cancer symposia in non-metropolitan districts which were inaugurated this year. These meetings, which are held at the request of local county medical societies, enable local physicians to hear and discuss the latest developments in the diagnosis and treatment of cancer.

### **Study of Leprosy in State**

Of the 528 cases of leprosy reported in California from 1913 through 1946, it is probable that not more than 22 were infected in this State.

This information is contained in a report of an investigation of the subject by Dr. G. W. McCoy in the May 28, 1948, issue of *Public Health Reports*.\*

In an extensive investigation of records, reports and other data, Dr. McCoy concludes that the majority of all cases reported in California are due to infection in Mexico, China and the Pacific islands.

Although this State is classified as mildly endemic for leprosy, Dr. McCoy states that it is "an area in which the likelihood of transmission of leprosy is small, except for children born of parents, one or both of whom have the disease."

\* McCoy, G. W. "Leprosy in California—Danger of Infection," *Public Health Reports*, 63:705, May 28, 1948.

## **Research Grants Approved for Four Mosquito Control Units**

Requests of four mosquito abatement districts for financial assistance in operational research programs have been approved by the State Department of Public Health.

The districts receiving special grants are:

1. *Alameda County Mosquito Abatement District*: For assistance in the encephalitis virus recovery studies in Alameda County and the San Francisco Bay area.

2. *Sutter-Yuba Mosquito Abatement District*: For assistance in the encephalitis virus recovery work within the district and for a special study to evaluate the effectiveness of pre-treatment of rice seed with DDT to control mosquitoes.

3. *Merced County Mosquito Abatement District*: For assistance in studies of flood water mosquitoes and an evaluation of airplane spraying in mosquito control.

4. *Kern County Mosquito Abatement District*: For a study of encephalitis in the young bird population and an airplane spraying evaluation project.

### **18 Tuberculosis Cases Found Among School Job Applicants**

Eighteen cases of tuberculosis were discovered by the Los Angeles City Health Department and Board of Education in the first year of routine X-raying of all applicants for positions in the city's schools.

Approximately 6,500 X-rays of teachers and other prospective personnel were taken during the past academic year by the city health department.

All of the cases found are now under observation and treatment, the health department reports.

### **New Directors of Nursing**

New directors of nursing have recently been appointed in four local health departments. The nurses and their respective agencies are:

Genevieve I. Anderson—Alameda City Health Department.

Rosa Barbaro—Kings County Health Department.

Mrs. Phoebe Kirby—San Luis Obispo County Health Department.

Pearl V. Styles—Imperial County Health Department.

## The "Peckham Experiment"

(Although the phrase "Peckham Experiment" probably strikes a familiar chord in the minds of most public health people in this State, an understanding of what it is and what it is trying to do are undoubtedly less familiar. Reprinted below, therefore, is a brief review of this widely talked about experiment in community health promotion. The article originally appeared in the May, 1948, issue of *Briefs*, a publication of the Maternity Center Association.)

One of the most significant developments in public health in the world today is the Pioneer Health Center in London. Located in the middle class suburb of Peckham, it is primarily concerned with health, rather than the prevention of disease.

The Pioneer Health Center is housed in a commodious, modern building with all the facilities of a community center, including a swimming pool, cafeteria and many community events from group singing, informal dances to serious concerts, crafts and hobbies. The health center operates as a family club. Each family in the neighborhood is eligible for membership at the small fee of two shillings a week. The only entrance requirement to the club is that each member of the family must have a yearly health check-up. This overhaul is followed by a conference of the whole family with the examining doctors. Recommendations are made for correctional care, but there is no compulsion except the social pressures and the motivating forces within the family and the family's relations with others in the club and the neighborhood.

There is no program of instruction, but questions about health are answered frankly whenever asked by all members of the club, including the young fry—questions about biology, symptoms, reproduction, sanitation, etc.

"A health center is exclusively engaged in the study and promotion of health—of growth and development and birth," says Dr. G. Scott Williamson, director of the Pioneer Health Center. "The staff of a health center are evolutionists, not pathologists. How then do human beings grow and evolve? Well the first principles of their growth is that they, the male or the female, grow out of a home whose nucleus is the family. The Pioneer Health Center is, therefore, a home, a family club, an organization whose membership is confined to homes and to families.

"We have solved another very important problem through this home and family membership," continues Dr. Williamson. "It happened this way. Only one member of any home and family usually wanted, of its own volition, to join—most often a child. The child led

its mother and father to join, which they often did reluctantly. Thus one person who wanted to improve or educate himself brought with him four others who had no desire to educate themselves. But within three months, we found that all four of them were using the health equipment of the center enthusiastically to educate themselves. Thus we have found that the only approach to the apathetic or the habituated is through the family and the home \*\*\*.

"Just as the chicken, by its own inherent instinct and skill develops and grows from the egg—autonomously—so the inherent instinctive skill, talent and genius of the 'People' must emerge from its egg, by its own inherent power—autonomously. Thus in the health center there were no teachers, no appointed leaders, no authoritative rituals; like an egg it hatched out with only the warmth of congeniality to help it. The Peckham Health Center was not an incubator with regulations and controls, it was a 'nest and a sitting hen' working by the inherent light and heat of natural instinct. 'Autonomy' took the place of 'Authority'; 'Right' the place of 'Rite.'

"Literally, there were only two rules. The center, like the family was a unit of autonomy; like the egg, it had to be self-sustaining. The family paid for sustaining and maintaining the center by weekly subscription.

"The other rule was: Man, know thyself. So every family must learn about itself; therefore the families were periodically examined and their health assessed and the balance sheet presented and explained to them. Thus they learned to know themselves, insofar as scientific biology could tell them.

"That then is the Peckham Health Center—a huge social organism, equipped with all the organs and implements of health—but particularly with a multitude of people and homes—with people and personalities as well as with material things.

"The Peckham Health Center was in fact a tiny commonwealth of commonsense for the promotion and development of health—through the home and its contained family."

The Pioneer Health Center has its finger on one of the most powerful motivating forces in healthful living. It ties together living and doing with knowing. Health educators often miss the point. They seem to feel that if people know certain facts about health, then they will act wisely upon this information. Much of the health information provided to the great American public in leaflets, books, motion pictures, exhibits, misses the boat because the motivating force is lacking. We can learn much from Peckham about motivation.

Dr. Innes Pearse and Dr. G. Scott Williamson, co-directors of this experiment in family health, recently came to New York to speak at the one hundredth anniversary of the Community Service Society. They brought with them a new film produced by the British Information Service entitled, "The Centre." The film may be secured from the British Film Library, 310 Sansome Street, San Francisco.

For a complete account of the Peckham program, readers are referred to the book *The Peckham Experiment* by Dr. Innes H. Pearse and Lucy Crocker, Yale University Press, New Haven, 1945.

### **Surveys of Rheumatic Fever Problems, Crippled Children, Under Way**

Surveys of handicapped individuals and rheumatic fever problems requested by the State Legislature during its 1947 Regular Session are now well under way.

Assembly Concurrent Resolution No. 36 called for the State Departments of Education and Public Health to investigate the adequacy of present programs for spastic and crippled children and adults, and to report their results with recommendations as to the treatment, care, education and training of such persons.

The two departments are working closely with the California Society for Crippled Children in carrying out the request. The main focus of the survey is on crippled persons who are of normal mentality, but who are so severely handicapped that they cannot be adequately cared for under the present program or in the home.

The rheumatic fever survey was requested in Senate Concurrent Resolution No. 31. It asks the State Director of Public Health "to investigate the problem of rheumatic fever and rheumatic heart disease as it affects the children in this State who are in need of diagnostic treatment and hospital and convalescent care, including occupational therapy, medical social services and school health programs related to this disease and the costs of such care and the facilities needed to provide for them. . . ."

The California Heart Association and the Heart Division of the California Tuberculosis and Health Association are assisting in the study.

Reports covering the two problems will be submitted to the Legislature in 1949.

### **School Lunch Program**

A total of \$75,000,000 has been made available by the Congress for the 1948-49 school lunch program. This money is limited to food assistance. Last year's appropriation was \$70,000,000.

### **New Labeling Orders on Hazardous Materials Issued**

Until recently the innocent label on a package has often hidden a poisonous or dangerous chemical within. Thus toxic substances were sometimes clearly marked "Non-hazardous"; highly flammable\* substances were sometimes labeled "Non-flammable." Three solvents alone caused 44 deaths, 7 cases of invalidism, and 13 cases of insanity in the past decade, the State Department of Industrial Relations reports.

To prevent similar tragedies the California State Division of Industrial Safety or the Department of Industrial Relations has recently adopted Labeling Orders for Hazardous Substances, covering 114 different materials.

Under these orders all hazardous substances must be classified and plainly marked as "Flammable," "Extremely Flammable," "Poison," "Giving Rise to Hazardous Dusts, Fumes or Vapors," "Corrosive," or "Absorbed by Skin," and "Irritant."

The true chemical terms for dangerous ingredients must be shown and mixtures must be labeled for their most hazardous constituents. Appropriate warnings must be given concerning specific risks involved in the use of such products.

Some of the provisions of these Labeling Orders are set forth in the pamphlet, "Danger Wears This Label," published by the Department of Industrial Relations. Copies may be obtained without cost by writing to the office of the Division of Industrial Safety at 965 Mission Street, San Francisco or 357 South Hill Street, Los Angeles.

### **A Report From the Sacramento Permanent X-ray Center**

Patients referred by physicians formed the group in which the largest percentage of active tuberculosis cases were discovered by the Sacramento Tuberculosis Association at its permanent X-ray center during 1947.

Of 3,838 patients referred to the center by private physicians, a diagnosis of reportable tuberculosis was made in 23 cases. Twenty-seven of the group were placed under continuing observation and 48 heart conditions and 71 cases of other pathology were found.

A total of 172 of the county's private physicians took advantage of the service made available to them throughout the year by the Tuberculosis Association.

To facilitate the referral system, the association distributes referral forms to all physicians. X-rays are given free of charge.

\* The Division of Industrial Safety uses the word *flammable* in place of *inflammable* which it says is "a confusing and now obsolete word which has often been fatally mistaken to mean 'non-flammable'."

## Review of Federal Public Health Appropriations for 1948-49

With the adjournment of Congress in June, it is now possible to review the appropriations made for federal public health activities during the 1948-49 fiscal year beginning July 1, 1948.

The following appropriations for the U. S. Public Health Service were approved:<sup>\*</sup>

### *Control of Venereal Disease*—\$17,230,000.

This amount will permit cash grants to the states at about the same level as the 1947-48 fiscal year for the provision of diagnostic and treatment facilities including rapid treatment centers.

### *Tuberculosis Control*—\$9,291,000.

This amount is a \$945,348 increase over the past year's appropriation. Grants-in-aid will be about the same level as for 1947-48. The increase will be used for 18 new mass X-ray units for case finding, pilot studies to test the effectiveness of the preventive vaccine BCG, and an evaluation and demonstration laboratory.

### *General Public Health Work*—\$13,865,000.

This appropriation is for the purpose of assisting states in establishing and maintaining adequate public health services through grants, consultive services, demonstrations and training. It is \$378,000 above last year's total. This money, it should be noted, is in addition to other appropriations for various specific purposes.

### *Dental Health Program*—\$1,000,000.

This is a special appropriation made to enable the Public Health Service to demonstrate the efficacy of the relatively new procedure of topical application of sodium fluoride to the teeth of children as a preventive against dental decay. There will be roughly one mobile unit for each state to demonstrate to dentists, dental hygienists, state and local health department personnel, and others, the correct technique of making sodium fluoride applications to the teeth. This will also serve as a training mechanism for public health personnel, and generally publicize and promote interest in the procedure.

### *Mental Health Program*—\$6,628,000.

Last year's appropriation was \$5,406,351. Provided for in the measure are grants for community mental

health services, research and training, plus the following: Demonstrations, research, training, consultive services, and administration. In addition, the Surgeon General was authorized to make commitments for "forward financing" of research and training grants up to \$2,300,000. (These figures do not include funds for the operation of Fort Worth and Lexington Hospitals.)

### *Control of Communicable Disease*—\$7,490,000.

This appropriation is for use in the federal-state cooperative program for the control of communicable diseases such as malaria, diseases of tropical origin, typhus and plague. The total is \$429,176 less than the comparable appropriation for the fiscal year just ended. (The reduction is accounted for in large measure by the assumption by the states of a larger proportion of the cost of malaria and typhus fever control operations.)

### *Hospital Construction Program*—

\$75,000,000 (contract appropriations)

\$40,000,000 (liquidation of previous contract authorizations)

The \$75,000,000 in contract authorizations enables the hospital construction grant-in-aid program to move forward at the full rate authorized by law.

### *National Institute of Health*—\$13,670,000.

The above is a \$2,567,125 increase for the medical research activities of the Public Health Service. Of this, \$1,382,500 is for additional research in diseases of the heart and circulatory system; \$100,000 is for some expansion of research in peptic ulcer; and \$250,000 is earmarked for additional research fellowship grants.

### *National Cancer Institute*—\$14,000,000.

An appropriation equal to last year's for the cancer research and control program. There will be some shift in emphasis to efforts involving additional consultive services and demonstrations directed at working with the states to bring to more of the present sufferers of cancer the application of known diagnostic and treatment methods. In addition to this appropriation, Congress approved a contractual obligations provision in the amount of \$8,000,000 for grants-in-aid for the construction of needed clinical research and laboratory facilities.

Other items provided for in the Public Health Service appropriation included construction of research

\* As reported in the June 14, 1948, *Bulletin of Social Legislation Information Service Inc.*

facilities, emergency health program for Alaska, international health relations, general expenses for the Service and training for nurses.

#### CHILDREN'S BUREAU

Children's Bureau appropriations for 1948-49 are about the same as for last year, the total for salaries and expenses being \$1,455,000. The full authorizations for the three grants-in-aid program for maternal and child health and welfare—totaling \$22,000,000—were approved. Also appropriated was a special \$75,000 for preparatory work for the 1950 White House Conference on Children and Youth.

#### FOOD AND DRUG

The Federal Food and Drug Administration received an appropriation of \$4,475,000, an increase of \$200,301 over the previous fiscal year, for the enforcement of federal laws covering interstate and import traffic in foods, drugs, cosmetics, therapeutic and diagnostic devices and caustic poisons. Increased emphasis will be given to the inspection of import shipments of foods and drugs.

#### Cancer Survey of San Francisco and Alameda Counties

A survey of cancer prevalence in Alameda and Contra Costa Counties will be made this summer by the U. S. Public Health Service in cooperation with the State Department of Public Health.

Undertaken as a follow-up of a similar study conducted in 1938, an attempt will be made to obtain information concerning all cases of cancer which were seen by a physician or admitted to a hospital during 1947. Senior medical students will gather the data.

Results of this year's study will be compared with the findings in the 1938 investigation and with similar statistical data currently being obtained in other sections of the Country.

"There can be no local health department, without a place of business, spacious, clean, light, pleasantly welcoming, convenient to the market place and center of local government. Here there must be means of communication with all the people served, and someone with an ear cocked to hear a question, and to respond to a call for help. Here are to be found the servants of science, physicians, engineers, nurses at least, and their handmaidens of desk and typewriter."—Dr. Haven Emerson.

#### California Morbidity Reports

##### SELECTED DISEASES—CIVILIAN CASES

Total Cases for May and Total Cases for January Through May, 1948, 1947, 1946 and Five-Year Median (1943-1947)

Selected diseases	Current month				Cumulative			
	May			5-yr. median 1943- 1947	January through May		5-yr. median 1943- 1947	
	1948	1947	1946		1948	1947	1946	
Chickenpox (varicella) . . . . .	5,650	4,481	3,847	5,283	28,710	26,991	17,888	36,360
Coccidioidal granuloma . . . . .	5	7	5	-----	22	33	18	-----
Conjunctivitis—acute infectious of the newborn (ophthalmia neonatorum) . . . . .	2	11	7	10	25	25	25	25
Diphtheria . . . . .	31	52	89	81	244	432	560	560
Dysentery, bacillary . . . . .	28	7	12	128	52	79	79	79
Encephalitis, infectious . . . . .	6	5	5	4	13	23	17	17
Epilepsy . . . . .	152	108	146	146	789	723	674	674
Food poisoning . . . . .	58	28	75	75	98	185	199	199
German measles (rubella) . . . . .	642	253	2,781	2,357	1,285	10,477	10,477	10,477
Influenza, epidemic . . . . .	113	82	65	82	13,593	658	5,111	5,111
Jaundice, infectious . . . . .	4	10	12	12	32	58	58	58
Malaria . . . . .	8	9	56	12	20	50	380	380
Measles (rubella) . . . . .	15,412	909	14,987	7,700	46,619	4,441	53,940	53,940
Meningitis, meningo-cocci . . . . .	19	32	40	72	187	161	313	313
Mumps (parotitis) . . . . .	4,827	2,174	3,067	3,067	17,977	10,202	13,666	13,666
Pneumonia, infectious . . . . .	104	127	137	277	790	1,001	1,327	1,327
Poliomyelitis, acute anterior . . . . .	72	55	34	34	128	262	151	151
Rabies, animal . . . . .	27	23	49	49	154	134	204	204
Rheumatic fever . . . . .	60	64	76	76	379	585	318	318
Scarlet fever . . . . .	338	449	823	823	1,992	2,549	4,483	4,483
Streptococcal sore throat . . . . .	53	37	23	23	285	300	7	7
Smallpox (variola) . . . . .					0	3	7	7
Tuberculosis:								
Pulmonary . . . . .	555	694	708	708	3,201	3,841	3,139	3,139
Other forms . . . . .	80	63	54	54	266	285	191	191
Typhoid fever . . . . .	14	8	12	12	58	38	58	58
Typhus fever . . . . .	1	1	1	1	6	11	17	17
Unilateral fever (brucellosis) . . . . .	15	31	39	31	58	117	133	133
Whooping cough (pertussis) . . . . .	339	1,578	513	1,578	2,168	4,688	2,238	2,238
Venereal Disease:								
Chancre . . . . .	26	39	58	58	103	272	216	216
Gonococcus infection . . . . .	1,859	2,369	2,876	2,369	10,969	13,816	13,077	13,077
Granuloma inguinale . . . . .	1	10	5	5	20	42	15	15
Lymphogranuloma venereum (lymphogranuloma venereum, lymphogranuloma inguinale) . . . . .	21	15	17	17	127	98	69	69
Syphilis . . . . .	1,194	1,833	2,204	2,451	7,398	10,390	10,197	11,197

From 1933 to 1947, California's birth rate increased 100 percent.

Malaria in the United States was reduced from 68,075 cases in 1941 to 17,317 new cases in 1947.—Statistical Bulletin.

